Spinal Decompression Without Fusion Episode
Executive Summary

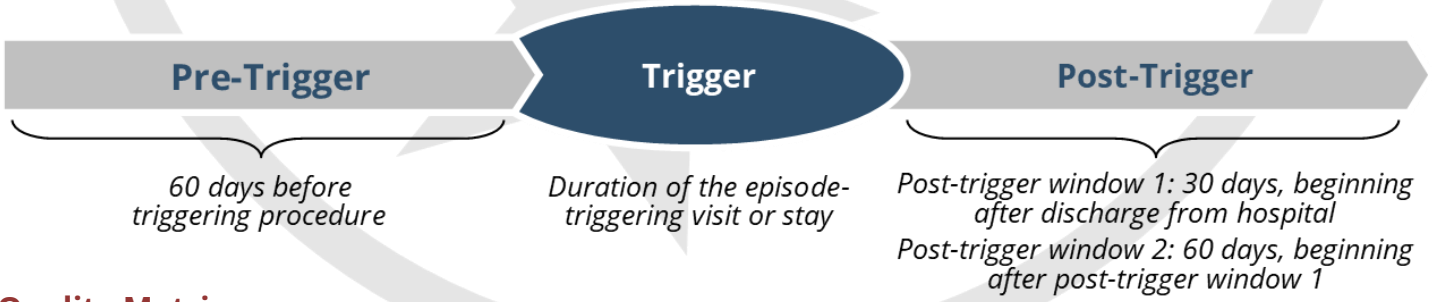
Episode Design

- **Trigger:** visit for a spinal decompression without fusion procedure
- **Quarterback type:** professional (provider who performs the procedure)
- **Care included:** all related care, including anesthesia, imaging and testing, surgical and medical procedures, evaluation and management, and medications

Sources of Value

- Appropriate and evidence-based timing, degree, procedure, and decision to intervene
- Appropriate pre-procedural imaging and testing
- Appropriate use of medications
- Appropriate use of non-surgical interventions (e.g. physical therapy)
- Appropriate site of care for interventions
- Appropriate use of orthopedic hardware
- Increased patient education during discharge planning
- Evidence-based choice of therapies and appropriate use of medications
- Reduce recurrent emergency department and inpatient admissions
- Appropriate site of discharge (e.g. discharge to home)
- Proper follow-up visits with the clinical team
- Resolution of symptoms and restoration of functionality
- Reduce direct procedural (e.g. wound complications, CSF leak, infections, spinal nerve injury) and other medical complications (e.g. DVT, pulmonary embolism)
- Evidence-based choice of therapies for chronic back pain management (e.g. use of physical therapy)
- Specialty referrals where necessary (e.g. pain management specialist)

Episode Duration



Quality Metrics

Tied to Gain-Sharing

- Difference in average morphine equivalent dose (MED) per day (lower rate is better)

Informational Only

- Average MED/day during the pre-trigger opioid window
- Average MED/day during the post-trigger opioid window
- Related readmission
- Cervical procedure complication
- Lumbar procedure complication
- Related follow-up care
- Non-surgical management
- Post-discharge physical therapy
- Opioid and benzodiazepine prescriptions

Making Fair Comparisons

Exclusions

- Business exclusions: DCS custody, inconsistent enrollment, third-party liability, dual eligibility, FQHC/RHC, no PAP ID, incomplete episodes, overlapping episodes
- Clinical exclusions: different care pathway (e.g. discitis, osteomyelitis, paralysis, spinal fusion procedures, active cancer management, HIV infection)
- Patient exclusions: age (less than 18 or greater than 64 years old), death, left against medical advice
- High-cost outlier: episodes with risk-adjusted spend greater than three standard deviations above the average risk-adjusted episode spend for valid episodes are excluded.

Risk adjustment is used to ensure appropriate comparisons between patients.

To learn more about the episode's design, please reference the Detailed Business Requirements (DBR) and Configuration File on our website at https://www.tn.gov/tenncare/health-care-innovation/episodes-of-care/searchable-episodes-table.html.